

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____ (Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To THE HYCON MFG. COMPANY
(Payee)

(For use of Paying Office)

Pasadena, California

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms Invoice Number					
		PE-15169				\$15,900	00
		PE-15174				7,905	00
PAYMENT: <div> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final </div>		Use continuation sheet(s) if ne					
Shipped from		to	Weight	Government B/L No.		Total	\$23,805 00

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if ne

Shipped from	to	Weight	Government B/L No.	Total	\$23,805 00
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I certify that the above bill is correct and just and that payment therefor has not been received.

(Payee must NOT use this space)

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Account verified; correct for
(Signature or initials) _____

Per _____		Title _____		(Signature or initials) _____	
Contract No.	BC-200	Date	Req. No.	Date	Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$
FOIAB3B

By
 Title 8/8/57
 (Approving Officer)

**SIGN
ORIGINAL
ONLY**

FOIA b3B

Title _____
(Contracting Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title				Limit'n. or Proj't. Amount	Appropriation Amount
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash \$ _____ on _____, 19____ Payee _____ { favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted by an approving officer, the name of the approving officer, in the capacity of title, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

Title

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐
2. (a) Advertising by circular letters sent to dealers.
 (b) And by notices posted in public places Yes ☐ No ☐.

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with
5. Without advertising, it being impracticable to secure competition because of

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised, should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

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25X1

ENCLOSURE
 SA 18182
 COPY 1

HYCON MFG. COMPANY

SYCAMORE 5-4241 • TELEPHONES • RYAN 1-9381
 2961 E. COLORADO STREET • PASADENA 8, CALIFORNIA

SOLD TO Gentlemen

INVOICE PE 15169
 DATE 7-31-57
 YOUR ORDER No. BC - 200
 TERMS: Net 30 days
 JOB No.

JOB ADDRESS

Lot II, Schedule IIContract
Item No.Unit
PriceTotal
Price

66

2 Side Drive Magazines

\$7,950.00

\$15,900.00

Inspection and Receiving Report
 DD 250 attached.

Amount Due

\$15,900.00

I certify that the above bill is correct and just and
 that payment therefore has not been received.

HYCON MFG. COMPANY

FOIAB3A

Controller

25X1

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